Combined Declaration For Patent Application and Power of Attorney						ATTORNEY DOCKET 85774AEK							
Astrelow named inventor, I hereby declare that:													
My residence post office address and citizenship are as stated below next to my name,													
I believe I and the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) to the subject matter which is claimed and for which a patent is sought on the invention entitled:													
PHOTOGRAPHIC ELEMENT CONTAINING IMPROVED PYRAZOLOTRIAZOLE													
COUPLER													
The specification of which (check only one item below):													
is attached hereto.													
was filed as United States Application Serial No. 10/661,119 on 09-12-2003 and was amended on (if applicable).													
was filed as PCT international application Number on and was amended on (if applicable).													
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment													
referred to above.													
I acknowledge the duty to disclose to the U.S. Pa 37, Code of Federal Regulations, §1.56.	tent & Trademark	Office a	III information known to m	e to be mate	rial to pa	atentability a	s detined	in Title					
37, Code of Federal Regulations, §1.36. I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-*d) or 365 (b) of any foreign application(s) for patent or inventor's													
certificate, or (365 (a) of any PCT international application(s) which designates at least one country other than the United States of America, listed below													
and have also identified below any foreign applications(s) for patent or inventor's certificate or any PCT international application(s) designating a least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which													
priority is claimed:					ore that	or the applie	ation(3) c	,, willen					
PRIOR FOREIGN/PCT APPLICATION(S) AI	ND ANY PRIORI	TY CLA	IMS UNDER 35 U.S.C.	119:									
COUNTRY (If PCT, indicate PCT)	APPLICATION NUMBER		DATE OF FILING (month/dayyear)			PRIORITY CLAIMED L	INDER 35 USC	§119 NO					
						YES		NO					
						YES		NO					
I hereby claim the benefit under Title 35, United S	States Code, 119 §	(e) of an	y United States provisional	l application((s) listed	below:							
PRIOR PROVISIONAL APPLICATION(S) A	ND ANY PRIORI	TY CLA	IMS UNDER 35 U.S.C.	§119 (e):									
PROVISIONAL APPLICATION NUMBER				FILING DATE (mo	nth/day/year)								
I hereby claim the benefit under Title 35, United the United States of America that is/are listed bel	States Code, §120	of any p	rior United States application	on(s) or PCT	internat	tional applica	tion(s) de	signating					
prior applications(s) in the manner provided by t	he first paragraph	of Title	35, §112, I acknowledge t	he duty to di	sclose to	o the U.S. Pa	itent & T	rademark					
Office all information known to me to be mater between the filing date of the prior application(s)						§1.56, which	became	available					
PRIOR US APPLICATIONS OR PCT INTER	NATIONAL APP	LICATI	ONS DESIGNATING TH	E U.S FOR	BENE	FIT UNDER							
35USC§120:			<u> </u>	1									
U.S. API	PLICATIONS			STATUS (Check one)									
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PCT APPLICATIONS DESIGNATING THE U.S.													
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Cc	mbined Dec	ATTORNEY DOCKET 85774AEK								
POWER OF ATTORNEY: As a named inventor, I hereby appoint the attorney(s) and/or										
agent(s) associated with Eastman Kodak Company <u>Customer No. 01333</u> to prosecute										
this application and transact all business in the Patent and Trademark Office connected										
therewith.										
Send Correspondence to: Direct Telephone Calls to: (name and telephone number)										
		Patent I				,				
Eastman Kodak 343 State Street						Arthur E. Kluegel				
Rochester, NY					585-477-2625					
						FAX: 585-477-1148				
2	FULL NAME OF INVENTOR	FAMILY NAME Romanet		FIRST GIVEN NAME Robert	F.	NAME.				
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0	CITIZENSHIP				07175 0 717 005	STATE & ZIP CODE (COUNTRY)				
4	BUSINESS ADDRESS	BUSINESS ADDRESS		CITY	STATE & ZIP COL	JE (COUNTRY)				
2	FULL NAME OF INVENTOR	FAMILY NAME		FIRST GIVEN NAME	SECOND GIVEN I	SECOND GIVEN NAME				
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5	BUSINESS ADDRESS	BUSINESS ADDRESS		Ç (STATE & ZIF GODE (GOOMTRT)				
2	FULL NAME OF INVENTOR	FAMILY NAME		FIRST GIVEN NAME	SECOND GIVEN I	NAME				
0	RESIDENCE & CITIZENSHIP	CITY	, , , , , , , , , , , , , , , , , , , 	STATE OR FOREIGN COUNTRY	COUNTRY OF CIT	COUNTRY OF CITIZENSHIP				
6	BUSINESS ADDRESS	BUSINESS ADDRESS		CITY	STATE & ZIP COD	STATE & ZIP CODE (COUNTRY)				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be										
tru	e; and further	r that these statements were mad-	e with the	knowledge that willful false statements United States Code, and that such willful	and the like so made	are punishable by fine or				
		y patent issued thereon.	18 01 1110 (Office States Code, and that such willful	raise statements may j	copardize the validity of the				
SIGNATURE OF INVENTOR 201 SIGNATURE O				E OF INVENTOR 202	SIGNATURE OF INVENT					
WI FAIS +				Mr. Porus Por	Sugar m	usan M. Fischer				
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